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ABSTRACT

This publication is designed to assist schools in complying with 1997 Individuals with Disabilities Education Act provisions that require assistive technology (AT) be considered when developing the Individualized Education Program of a student with a disability. The first part of the guide presents a series of issues that should be addressed when considering AT for individual students, centered around five critical points: (1) students should be evaluated in their customary environments, including both an assessment of their AT needs and a functional assessment; (2) training and technical assistance should be provided to the child, the family, and to teachers and providers significantly involved in the care and education of children with disabilities; (3) issues surrounding the acquisition and use of assistive technology devices for students; (4) how AT devices should be selected, designed, fitted, customized, adapted, maintained, repaired, and replaced; and (5) how AT devices should be integrated with the use of other therapies, interventions or services. The second part of the guide provides action steps for parents and advocates for getting AT on the radar screen at the local level. A list of AT resources is provided. (CR)

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SPECIAL EDITION OF TECH EXPRESS

ASSISTIVE TECHNOLOGY SERVICES FOR STUDENTS:

WHAT ARE THESE?

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United Cerebral Palsy Association's

Assistive Technology Funding and Systems Change Project (ATFSCP)

U.S. Department of Education
National Institute on Disability and Rehabilitation Research

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Through its legislative efforts in 1992, Congress recognized the importance of assistive technology (AT) devices and services as tools to assist students with disabilities in leading independent and productive lives. Congress addressed the students' needs for AT services by providing specific definitions of these services[1] in the Individuals with Disabilities Education Act (IDEA). Importantly, Congress recognized that AT should be integrated into a student's educational program as a related service, supplemental aid and service, or special education service. Through its legislation, Congress has shown that the benefits of AT are limited unless the AT devices are properly integrated into the curriculum along with the appropriate AT services.

Additionally, the U.S. Department of Education has issued several policy memoranda that provide guidance to parents, students and educators in clarifying the proper role of AT devices and services. These memoranda address important AT services issues such as the rights of students to take school-owned technology into their homes, the necessity of providing proper AT evaluations, the liability of the school for family-owned devices, and the training for individuals involved in the student's educational program.

THE NEED FOR AT INFORMATION

As the awareness and use of technology has increased in the general population and in schools, so has the use of technology by students with disabilities. A recent survey by this project found that 87% of survey respondents (parents of students with disabilities) said that students had access to some form of technology in schools, primarily computers. However, less than 12% said that students had access to assistive technology services. For example, most families were not aware that AT services were required to make the AT functional. Families need information on knowing what device is best, how to use it, who can repair it, when to replace it, and how to obtain it in a timely manner.

PURPOSE OF THIS PUBLICATION

To assist schools in complying with the requirements in the 1997 IDEA, which states that AT must be considered when developing each student's individualized education program (IEP)[2], the Assistive Technology Funding and Systems Change Project (ATFSCP) of United Cerebral Palsy Associations and its AT Services Task Force have developed a series of questions that should be addressed when considering AT for individual students. It is our hope that these questions will help assure that AT is considered -fully, fairly and appropriately-for each student for whom an IEP is developed.

The ATFSCP AT Services Task Force consists of parents of students with disabilities, representatives of state Tech Act projects, United Cerebral Palsy Associations affiliate partners, and individuals experienced in providing AT for students. The Task Force was created to:

- **Increase awareness and understanding of what constitutes AT services;**
- **Assist families, educators and policymakers in determining what supports are necessary to properly integrate AT devices into students' lives;**
- **Provide guidelines for the development of comprehensive AT policies for students; and**
- **Avoid wasteful spending on devices that are not appropriate or cannot be used because of lack of appropriate supports for the students, teachers and families.**

Critical Element #1:

The student should be evaluated in his or her customary environment(s), which involves an assessment of the assistive technology needs of the child. This includes a functional assessment.

DO STATE POLICIES OR REGULATIONS REGARDING EVALUATION INCLUDE PROVISIONS REGARDING ASSISTIVE TECHNOLOGY?

If state regulations or policies do not include assistive technology as an area to be assessed if appropriate, then these regulations or policies should be revised to specifically mention assistive technology. At a minimum, state regulations must be revised to be consistent with the Individuals with Disabilities Act (IDEA) amendments of 1997 which require, in part, that every student's need for assistive technology be considered when the student's individualized education program (IEP) is being developed.

An IEP team's responsibility in this area is twofold. The team must: (a) first determine if the student should be evaluated for assistive technology and decide who should conduct the evaluation, and (b) if the student has been evaluated and assistive technology has been recommended, the team then must determine the appropriate assistive technology to be provided to the student. It would be helpful for states to set out guidelines, through regulation or policy, that will assist IEP teams in making these decisions, particularly in the initial determination of whether or not the student should be evaluated and by whom.

WHAT DEVELOPMENTAL AND FUNCTIONAL AREAS SHOULD BE EVALUATED?

An assistive technology evaluation should be comprehensive, looking at all developmental and functional areas in which technology might be helpful. Such an evaluation should

include an examination of the student's substantive academic needs as well as the student's access needs before, during and after school. The specific areas to be assessed will depend on the students' disability and how it affects the student throughout the school day. The evaluation should address the range of possible devices and services that are appropriate for each area of need, and also should address the impact that particular devices may have on other aspects of the student's life. For example, if the student needs a communication device, the assessment should also address positioning, access to the device, and mobility. If the device will be used at home as well as school, the evaluation should address portability and durability or the need for two devices, one at home and one at school.

WHEN CAN AN EVALUATION OF ASSISTIVE TECHNOLOGY NEEDS BE REQUESTED?

An assistive technology evaluation can be requested at any time, but, as noted above, at a minimum, an IEP team must consider the student's need for assistive technology when the IEP is being developed.

HOW SHOULD STATES/LOCAL SCHOOL SYSTEMS IMPLEMENT THE IDEA REQUIREMENT THAT ASSISTIVE TECHNOLOGY IS CONSIDERED FOR EVERY STUDENT?

States should develop a list of indicators or questions to assist team members in determining if an assistive technology evaluation is warranted. Such indicators could include, but not be limited to, the following:

Is the student able to produce written work efficiently and at a pace similar to that of peers?

Is the student able to communicate effectively?

Is the student able to sit independently? Stand independently? Walk independently?

Is the student able to feed him or herself independently?

Is the student able to participate in activities such as art or music with the tools or items readily available in the classroom, or does the student need adaptations, e.g., to hold a paintbrush independently?

Is the student able to read effectively and at a pace similar to that of peers?

Is the student able to learn effectively in the classroom, or would particular software programs or other technologies enable the student to learn academic material more effectively?

Do the mechanics of producing work interfere with the quality of work produced by the student? For example, is the act of writing so difficult for the student that the quality of written work is substantively affected and the student loses focus on the content?

These examples illustrate the types of questions that an IEP team should ask and then answer. The examples also help the team determine when an assistive technology evaluation should be requested. These questions or indicators also will help the team identify the specific areas that should be evaluated.

HOW SHOULD THE SCOPE OF THE ASSISTIVE TECHNOLOGY EVALUATION AND ITS COMPONENTS BE DETERMINED?

The first and foremost consideration of a comprehensive assistive technology evaluation is that it is tailored to the individual student's needs. Depending on those needs, the evaluation should address communication, written work, seating, positioning, mobility, academic and nonacademic concerns, access to the general curriculum, access to

extracurricular activities, software and hardware options, environmental modifications, training, maintenance of the device, and other issues specific to the student.

WHAT TYPE OF BACKGROUND AND EXPERTISE IS NECESSARY FOR SOMEONE TO BE AN ASSISTIVE TECHNOLOGY SPECIALIST?

Assistive technology covers such a broad spectrum that it is virtually impossible for any one person to be an expert in all types of technology. Assistive technology specialists are often speech pathologists, occupational therapists, or physical therapists who have received additional training regarding types of assistive technology devices and services. Assistive technology specialists, for example, must understand how to use computer hardware and software, augmentative and alternative communication devices, and positioning equipment. They also must have expertise in education and in how to integrate technology into a student's life in order to support his or her education. Recently, a few universities have begun offering courses to allow an individual to earn credentials as an Assistive Technology Practitioner.

Ideally, assistive technology specialists should work in multidisciplinary teams so that different members can contribute their expertise in particular areas. At the very least, an assistive technology specialist should know enough about areas outside of his or her area of expertise to know when it is necessary to bring in another expert. The specialist also should develop strong working relationships with the student's other related services providers.

WHAT SHOULD HAPPEN AS A RESULT OF THE EVALUATION?

The evaluation should make specific recommendations regarding the various technology options that are appropriate to the student's disability and will enable the student to meet

his or her IEP goals and objectives. The evaluator should discuss the full range of appropriate options from low-tech to high-tech. It is important to recognize, however, that in many instances, there may not be a full range of appropriate options. There may be only one type of appropriate communication device, for instance, or there may not be any appropriate low tech options to compensate for the student's disability. Finally, the evaluator should be prepared to explain the reasons for his or her recommendations and should address appropriate interim solutions while the recommended devices are obtained.

WHERE SHOULD THE EVALUATION BE PERFORMED?

The assistive technology evaluation should be performed in the student's customary environments. Most students customarily spend their days in school; therefore, the evaluation should occur at school. However, consideration also should be given to performing part of the evaluation at home, since students spend considerable time at home and often need assistive technology at home in order to make educational progress.

WHO SHOULD RECEIVE COPIES OF THE EVALUATION REPORT?

The IEP team should receive the assistive technology evaluation in the same manner it receives any other evaluation. Copies of the evaluation also should be sent to the student's parents, preferably prior to the IEP meeting at which the evaluation will be discussed.

WHO SHOULD REVIEW THE EVALUATION?

The IEP team, including the student's parents, should review the assistive technology evaluation.

AT WHAT POINT SHOULD AN EVALUATION BE CONSIDERED COMPLETE?

This question is not limited to assistive technology alone. Clearly, a student's changing needs warrant reevaluation periodically. How often reevaluation should occur depends on the student's needs and circumstances. The initial evaluation should be broad enough to assess each area of disability and educational need and the assistive technology devices and services that can address these needs. When this has occurred, the evaluation can be considered complete.

Critical Element #2:

Training and technical assistance should be provided to a child and his or her family, and to teachers, service providers, and other individuals who are significantly involved in the care and education of children with disabilities who are in need of assistive technology devices and services.

WHAT IS THE DIFFERENCE BETWEEN TRAINING AND TECHNICAL ASSISTANCE?

Training is an organized, scheduled event with specific goals and, perhaps a curriculum or outline of topics to be covered. Technical assistance is a more informal way of obtaining assistance, and may involve an ongoing relationship between the persons who seek assistance and those who provide it. Technical assistance may involve a great deal of "troubleshooting" or strategizing.

WHO SHOULD RECEIVE TRAINING AND TECHNICAL ASSISTANCE?

Training and technical assistance should be provided to the student, the student's parents, and those persons who work directly with the student, including teachers, related-services providers, and instructional assistants.

SHOULD DIFFERENT PEOPLE RECEIVE TRAINING AND TECHNICAL ASSISTANCE DEPENDING ON THE AGE OF THE STUDENT?

Yes. While the core group of people listed above should always receive training and technical assistance, additional people should be included depending on the age of the student. For example, for a very young child, a daycare provider might be an appropriate recipient of training and technical assistance. For an older student in the process of transitioning out of the school system, a potential employer or other likely service providers should receive

training and technical assistance regarding use of the student's assistive technology devices.

WHAT KIND OF TRAINING AND TECHNICAL ASSISTANCE SHOULD BE PROVIDED TO FAMILIES AND TO PROFESSIONALS?

Training will vary depending on the types of assistive technology used by the student. Depending on the technology and on the role each family member and professional plays in the life of the student, training and technical assistance should, at a minimum, encompass the following:

Information regarding the device and how it works;

Information about how the device is programmed or set up;

Information about how to recognize and fix minor problems;

Information about how to incorporate the device into the student's life in school, in the community, and at home; and

Information about maintenance and identification of repair services in the community. (Note, however, that it is the responsibility of the school system to maintain and repair assistive technology devices.)

For example, if the student will be using an augmentative communication device, he or she will need to learn how to use the device. The family and speech pathologists will need to learn how to program the device and troubleshoot minor problems. If physical and/or occupational therapists are involved, they should receive basic training in how the device is used and should be involved in determining how the student should be seated or positioned to access the device. The student's teachers should receive training regarding the purpose and function of the device and how the device can be incorporated into the student's school day.

WHO IS RESPONSIBLE FOR PROVIDING TRAINING AND TECHNICAL ASSISTANCE?

A student's IEP should include provisions for training and should identify who will provide it. The reauthorized IDEA of 1997 requires that the IEP include the programmatic supports and modifications necessary for the student to be served appropriately. Persons who have expertise in both technology and education should provide training. Generally, the assistive technology specialist or team should provide the training and technical assistance. To the extent that related-services providers possess expertise in assistive technology, they also should be included as trainers. Other sources of training include the technology vendor, the state's university affiliated program, the state's Alliance for Technology Access affiliate, the state's Tech Act program, or other state or local technology organizations.

WHO SHOULD PROVIDE ONGOING TECHNICAL ASSISTANCE?

Ideally, the trainers will be available for ongoing technical assistance. States should consider setting up an assistive technology hotline or a "warm line" (i.e., people call and leave a message which is returned within 24 hours) to handle routine questions about assistive technology. This could serve as both an effective introduction to assistive technology (e.g., what is an augmentative communication device?) and as a useful component of follow-up technical assistance (e.g., yes, it is normal for the device to make a funny noise when you turn it on). Knowing that assistance is only a telephone call away may make those who are responsible for using the technology more comfortable with it.

WHO SHOULD PAY THE EXPENSES FOR TRAINING FOR FAMILY MEMBERS (E.G., TRAVEL, HOTEL, CHILDCARE) AND OTHER NON-SCHOOL SYSTEM PERSONS?

If the assistive technology and training are listed on the student's IEP, the school system must pay training expenses. While the school system is permitted to seek alternative sources of funding, it cannot shift the costs of training to the parents and is ultimately responsible for funding the training if an alternative source of funding cannot be located.

WHAT CONTENT SHOULD THE TRAINING CURRICULUM COVER?

The content of training will depend upon its purpose. For a student who has been evaluated and for whom assistive technology has been included in the IEP, training will focus on the use of the technology and the incorporation of the technology into the student's life at school and at home.

General training sessions could focus on the following:

What assistive technology is and how it can benefit students in areas such as seating and positioning, learning, communication, written work, recreation, and nonacademic and extracurricular activities;

How to write IEP goals that include the use of assistive technology, and how to integrate technology effectively into an educational program; funding sources other than the school system;

What is the special education process;

What is the process of transition from special education to post-school endeavors, and how to resolve assistive technology-related issues such as purchase of needed assistive devices for the student's use after he or she leaves the school system; and

What are specific types of assistive technology devices and services, and their purposes and functions.

HOW SHOULD TRAINING BE PROVIDED TO TEACHERS AND OTHER SERVICE PROVIDERS WHOSE SCHEDULES ARE CROWDED AND WHO BALANCE MANY COMPETING RESPONSIBILITIES?

This is a very challenging issue, and one without any easy answers. Generally, however, training should be scheduled ahead of time, with arrangements made for class coverage if necessary. People who are enthusiastic about assistive technology and what it can offer students should provide the training sessions in an inviting atmosphere. Trainers must be sensitive to the many responsibilities that teachers and other service providers have, and should ensure that the training is focused and does not leave teachers feeling overwhelmed. The role of teachers and other service providers in the student's use of the technology should be clearly defined and manageable, and teachers and other service providers should leave the training session(s) with clear instructions about whom they may contact if they have questions or need further assistance. One of the problems that has sometimes arisen has been a "turf issue" about who is responsible for performing certain technology-related tasks, such as loading software or programming a device. These tasks and the persons responsible need to be clearly defined, and, to the extent that teachers are being asked to take on additional responsibilities, their other responsibilities should be adjusted accordingly.

ONCE TRAINING HAS BEEN PROVIDED, WHAT ARE THE SPECIFIC RESPONSIBILITIES OF THE TEACHERS, STUDENT, FAMILY, AND ASSISTIVE TECHNOLOGY SPECIALIST OR TRAINER?

As discussed above, the respective responsibilities need to be clearly defined. These responsibilities will vary, depending on the particular student and his or her technology, but in general, it is the teacher's responsibility to ensure that the technology is used appropriately in class. The student should be responsible, to the extent appropriate, for using the technology and caring for it. Family members should ensure that the technology is used appropriately at home and, along with the student, should be responsible for basic

care of the technology device. School staff are responsible for maintenance and repairs. At a minimum, the assistive technology specialist or trainer should be responsible for: (a) providing technical assistance or identifying another person or organization to do so, (b) periodically assessing the student's use of the technology, and (c) identifying when newer or alternative technology may be more appropriate.

Critical Element #3:

What are the issues surrounding the acquisition and use of assistive technology devices for children?

WHAT IS THE PURPOSE OF ASSISTIVE TECHNOLOGY IN EDUCATION PROGRAMS?

The purpose of assistive technology is to facilitate the student's participation in his or her education program and to enable the student to benefit from that program. For example, the technology may provide an alternative means of completing work (e.g., word processing instead of writing assignments by hand) or an alternative means of learning, or it may provide access to the school program. Keeping the mandates of the 1997 reauthorized IDEA in mind, assistive technology should support the student's inclusion in the general curriculum and in the least restrictive environment to the greatest extent possible.

HOW MAY ASSISTIVE TECHNOLOGY DEVICES BE ACQUIRED?

Acquisition includes purchase, lease, loan, or any other means of procuring a device.

IS ASSISTIVE TECHNOLOGY INCLUDED IN THE IEP FORM FOR EACH LOCAL SCHOOL SYSTEM?

Assistive technology should be listed along with other educational and related services on the IEP. School systems already should have revised their IEP forms to comply with the requirements of the 1997 reauthorized IDEA.

WHO IS RESPONSIBLE FOR PROCURING ASSISTIVE TECHNOLOGY DEVICES?

The school system is responsible for acquisition and provision of assistive technology devices. Sometimes, however, parents may choose to purchase devices and send them to school with the student.

WHAT ARE THE TIMELINES FOR PROCURING AND PROVIDING SERVICES AND DEVICES?

Timelines for assessment and implementation of IEP services probably are addressed in the state regulations that implement the IDEA. There do not need to be separate timelines for assistive technology as opposed to other types of educational and related services. If states do not have timelines governing the assessment or IEP implementation process, they should revise their regulations to include such timelines. If states have timelines that vary significantly, consideration could be given to asking the federal Office of Special Education Programs to define uniform timelines for assessment and IEP implementation.

Procurement timelines are not required to be specified in special education statutes or regulations, but the school system needs to be able to procure assistive technology in a timely manner so that it may be provided within the specified IEP implementation timeline. It may be necessary, for instance, to have exceptions to the regular procurement process when IEP implementation is involved, or to raise the amount of money the school system may spend without going through an external approval process. What should not be done under any circumstances, however, is to lengthen the IEP implementation process or make exceptions to it because of problems with speedy procurement of assistive technology.

WHAT ARE THE GUIDELINES FOR USE OF SCHOOL SYSTEM-OWNED ASSISTIVE TECHNOLOGY AT HOME?

If the student needs to use his or her assistive technology at home in order to make meaningful educational progress, then the technology must be available to the student at home. Depending on the student's needs and the portability of the device, the school system might have the device go back and forth between school and home, or the school system might purchase another device so that one would stay at school and the other would stay at home.

ARE THERE ANY BARRIERS TO PROCURING ASSISTIVE TECHNOLOGY AS PART OF AN EDUCATION PROGRAM?

Barriers are often present well before the procurement process and include: (a) lack of knowledge, (b) lack of assessors, (c) cost/school system budgets, and (d) disagreements among agencies and insurance companies/managed care companies. The following paragraphs will provide more information on many of these barriers.

(a) Some common barriers relating to lack of knowledge include:

Lack of knowledge by and of service providers about assistive technology and its purposes and functions; and

Lack of knowledge by parents about assistive technology and its purposes and functions.

These barriers should not be as significant as they used to be in light of the fact that assistive technology has been an explicit part of the IDEA since 1990 and, as required by the IDEA amendments of 1997, must be considered for every student when the IEP is developed. To the extent that there is still a lack of knowledge about assistive technology, school

systems, parent training and information centers, and advocacy organizations should conduct training sessions focused on service providers and on parents.

(b) Barriers regarding assessment:

Lack of or inadequate number of qualified assessors;

Lack of guidelines for what constitutes a competent assistive technology assessment.

These barriers can be addressed by state certification requirements for assistive technology specialists and by state requirements defining the components of an assistive technology assessment.

(c) Barriers regarding provision of assistive technology:

Cost;

Lack of understanding about what assistive technology devices are appropriate for the student;

Inefficient, lengthy procurement process;

Lack of a method for tracking purchase orders to ensure timely delivery of equipment; and

Delays attributable to the company that makes the device.

While the last barrier is one that we cannot control, most of the other barriers can be addressed through policies and regulations. Lack of agreement about what assistive technology is appropriate for the student can be addressed through mediation or due process hearing procedures. School systems should state clearly whether individual schools or the central administration staff is responsible for purchasing and providing

assistive technology to students. Procurement processes and tracking of orders can be addressed through the local school system or other agencies that are providing the devices.

WHAT POTENTIAL ISSUES OR CONFLICTS ARISE IF NON-SCHOOL SYSTEM FUNDING SOURCES ARE USED SUCH AS MEDICAID OR PRIVATE INSURANCE?

Use of private insurance benefits for third party reimbursement to the school system may violate the requirement that students receive a free appropriate public education, as reduction of lifetime benefits or other costs may be involved. Medicaid reimbursement should be sought when possible, so long as the student is not thereby deprived of the ability to obtain replacement technology or additional technology for use at home. Note: Use of Medicaid benefits cannot delay the provision of assistive technology to students. Rather, the technology should be purchased by the school system, which can then seek reimbursement for the cost of the device.

It is important to consider the potential conflict between meeting the medical necessity standard, that Medicaid and insurers may require, and the educational benefit standard of the IDEA. The fact that a device is determined to be medically necessary should not result in a refusal on the part of the school system to provide the device to the student.

WHAT PROVISIONS ARE MADE FOR THE LOAN OF AND/OR THE USE OF USED EQUIPMENT FOR A TRIAL BEFORE PURCHASE?

States and localities vary in their ability to loan equipment or provide used equipment for trial purposes. This is truly a critical issue; efforts should be directed by states to develop equipment lending programs, perhaps in conjunction with agencies and with vendors. The issue is complicated by varying approaches to the purchase and use of assistive

technology by school systems: some schools purchase devices that remain in the school when the student leaves, and other schools allow the device to move with the student. Uniform policies within school systems would be helpful to address this issue, although a state policy is probably necessary to address what happens to assistive technology devices when a student moves from one school system to another.

WHO OWNS THE EQUIPMENT?

If the school system purchases the equipment, the school system owns it. If the parents purchase it or obtain it through Medicaid, it belongs to the family.

WHAT PROVISIONS SHOULD BE MADE FOR TRANSFER OF EQUIPMENT WHEN TRANSFERRING TO ANOTHER SCHOOL OR TO A POST-SCHOOL PROGRAM?

The issue of transfer of equipment between school programs should be addressed in local and state policies. States should also develop policies and/or regulations that govern the transfer of assistive technology for students transitioning from school to post-school programs. Memoranda of understanding between the U.S. Department of Education and the U.S. Department of Vocational Rehabilitation would be one approach to this issue. The Department of Education, on June 28, 1998, issued policy guidance to states that encouraged transfer of devices from school to post-school settings and/or from one school district to another.

WHAT SHOULD HAPPEN WHEN AN ASSISTIVE TECHNOLOGY DEVICE IS NO LONGER APPROPRIATE FOR A STUDENT?

First, an assistive technology evaluation should be conducted to determine what type of device is needed. If the assistive technology device is no longer appropriate for a student, the student should receive a new device that is appropriate, and the old device should be made available to another student or donated to a centralized loan program.

Critical Element #4:

How should AT devices for children be selected, designed, fitted, customized, adapted, maintained, repaired, and replaced?

WHO IS RESPONSIBLE FOR PAYING FOR REPAIRS?

The school system is responsible for paying for repairs of assistive technology devices used by school-age students. Even if the student's family owns the device, if the student is using the device in school, the school system is responsible for maintenance and repairs.

HOW SHOULD APPROVED REPAIR VENDORS BE IDENTIFIED?

For repairs requiring more than in-house expertise, the school system should maintain a list of contact persons at the following agencies: the company that makes the equipment, the vendors of the equipment, local repair shops that may be able to repair the equipment, and the state Tech Act projects, Centers for Independent Living, and United Cerebral Palsy affiliates that are able to perform repairs.

WHO IS RESPONSIBLE FOR MAINTENANCE OF EQUIPMENT? OBTAINING REPAIRS? REPORTING BROKEN EQUIPMENT? HOW WILL SUBSTITUTE EQUIPMENT BE MADE AVAILABLE DURING THE REPAIR PERIOD?

While the student's family should be responsible for basic maintenance, such as charging batteries, and for reporting broken equipment to the case manager or assistive technology specialist, the family is not responsible for getting equipment repaired. Repairs should be handled through the school system. The school system is responsible for ensuring that the student receives substitute equipment while his or her device is being repaired. Substitute

equipment could come from a variety of places, such as an equipment bank maintained by the agency, another school system, the state's Tech Act center, the manufacturer of the device, or the state's Alliance for Technology Access center. It may not be possible to provide the same device in the interim. Therefore, during the development of the student's IEP, consideration should be given to identifying the steps to be taken if the device needs repairs; how a substitute will be procured; and what other technology options, utilized on a temporary basis during the repair process, would offer an acceptable substitute to the student's device.

IS IT APPROPRIATE TO SUBSTITUTE A LOW TECHNOLOGY DEVICE FOR A HIGH TECHNOLOGY DEVICE DURING THE REPAIR PERIOD?

No. If the student is using a high technology device such as a sophisticated augmentative communication device, it would be inappropriate to substitute a low technology device such as a basic communication device or a picture board during the repair period. The substitute device must meet the student's needs as appropriately as possible.

WHAT ARE THE QUALIFICATIONS AND BACKGROUND OF PROFESSIONALS AND VENDORS INVOLVED IN THE FUNCTIONS LISTED ABOVE?

The qualifications of vendors involved in the process of choosing, adapting, repairing, maintaining, and customizing assistive technology for students may be difficult to determine. In some cases, there may only be one vendor of a particular device and agency personnel responsible for implementing the IEP may have no choice but to deal with that vendor, regardless of his or her qualifications.

The qualifications of the school system personnel involved in this process, however, can be defined by state law, or even by the United States Department of Education. States could require a specific certification or a certain level of expertise on the part of persons involved with these functions.

The important point to remember is that the individual(s) should have experience and familiarity with specific assistive technology devices and services.

WHO IS RESPONSIBLE FOR SELECTING, DESIGNING, FITTING, CUSTOMIZING, AND ADAPTING ASSISTIVE TECHNOLOGY FOR AN INDIVIDUAL CHILD?

The IEP team, including the parents, is responsible for selecting the appropriate assistive technology for the student, based on the recommendations from the evaluations the student has received. The assistive technology specialist or team and the therapists involved with the student, as well as the manufacturer or vendor, should be responsible for designing, fitting, customizing, and adapting the technology for the student.

WHO COORDINATES THE FUNCTIONS LISTED ABOVE?

An assistive technology specialist or team should coordinate these functions. If the school does not have this resource, these functions should be coordinated by the student's case manager or the chair of the IEP team.

WHAT IS THE ROLE OF PARENTS IN THE ENTIRE PROCESS?

The parents are members of the IEP team and have the right to have input in all decisions regarding assistive technology and the IEP. Parents, and the student, if appropriate, should be invited to participate in all aspects of the process. At the very least, they should provide information regarding functions such as fitting, customizing, and adapting technology to their children.

WHAT HAPPENS TO EQUIPMENT WHEN IT IS NO LONGER NEEDED BY THE STUDENT?

The equipment should be recycled for use by another student. If the school system or the state maintains a central equipment loan program, the equipment should be maintained at that program until another student needs it.

Critical Element #5:

How should AT devices be integrated and coordinated with the use of other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs?

WHO IS RESPONSIBLE FOR OVERALL COORDINATION AND INTEGRATION OF ASSISTIVE TECHNOLOGY DEVICES AND SERVICES INTO THE CHILD'S EDUCATION PROGRAM?

Coordination and integration are two separate functions. While the IEP team is responsible for coordinating the elements of the IEP and ensuring that they are implemented, the actual service providers must be responsible for integrating the devices and services into the student's education program throughout the school day. Depending on the student's needs and the specific services he or she receives, an occupational therapist, physical therapist, speech pathologist, or teacher might be the person who plays the primary role in integrating the devices and services into the student's program. It may be the case that each of the service providers plays an important role in utilizing assistive technology devices and services. In this case, the providers should meet regularly to coordinate their efforts; the chair of the IEP team could be the person responsible for arranging those meetings. While the assistive technology specialist should be available to provide information, training, and assistance to the service providers, he or she probably should not be responsible for the implementation of the technology plan, since the technology, if properly used, is supporting the student's education, rather than constituting the student's education. The IEP should identify the roles and persons to carry out these tasks.

WHAT SHOULD BE THE QUALIFICATIONS OF THE COORDINATOR?

The coordinator should be knowledgeable about assistive technology, including the scope of technology devices and services, ranging from seating and positioning to communication and instructional technology. The coordinator also should be able to provide information to the family and other services providers regarding services available through outside organizations such as the Alliance for Technology Access affiliate and the state Tech Act project.

HOW SHOULD ASSISTIVE TECHNOLOGY BE INCORPORATED INTO THE IEP?

Assistive technology should be incorporated into the student's IEP goals and objectives in a way that supports the student's participation in the education program. Listed below are several examples of how assistive technology can be incorporated into an IEP.

1. Using her portable word processor, Ellen will prepare a book report for each book she and her classmates read during the school year;
2. Using his Dynavox [dynamic display voice output augmentative communication device], Alan will answer questions asked by his teachers and classmates.
3. Using his Dynavox, Alan will ask for his lunch selection in the cafeteria line and will converse with his classmates during lunch period.

Sarah will participate in relay races with her classmates by independently propelling her adapted scooterboard across the gymnasium.

Note: Sometimes IEP teams refuse to identify a specific device on an IEP. If the function of the device is described in sufficient detail that it is clear what will and will not meet the student's needs, the device does not have to be named.

In many cases, a student will need specific goals and objectives related to the assistive technology itself. For example, because the student will need to learn to use the technology, it may be appropriate initially for the IEP to contain specific objectives designed to help the student become proficient in using his/her device(s). Once this has been accomplished, the goal of having the student use the technology in the education program in the ways described in the sample objectives listed above can be added to the IEP.

WHAT ARE THE CONSIDERATIONS FOR INCORPORATING ASSISTIVE TECHNOLOGY INTO THE IEP?

The primary consideration should be whether or not the assistive technology will assist the student in obtaining educational benefit and making meaningful educational progress. It is important to remember that use of assistive technology should not be the end goal, in and of itself. Rather, the technology should support the student's program by making it easier or possible for the student to accomplish tasks he or she would not be able to complete or not be able to complete efficiently without the technology.

WHAT ROLE DO SERVICE PROVIDERS SUCH AS OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS, SPEECH THERAPISTS, ETC. PLAY IN THE IMPLEMENTATION OF ASSISTIVE TECHNOLOGY SERVICES?

Service providers such as occupational, physical, and speech therapists play an important role in the implementation of assistive technology services as discussed earlier in this paper. They may be primarily responsible for implementing such services, or they may play a supporting role, but either way, they will be critical to the successful use of assistive technology by the student.

ARE PARENTS AND OTHER SIGNIFICANT INDIVIDUALS IN THE CHILD'S LIFE INVOLVED IN THE ENTIRE PROCESS FROM EVALUATION TO IMPLEMENTATION?

Parents and other significant individuals in the student's life should be involved in the entire process from evaluation to implementation. While the IDEA guarantees parents a role in this process, they should not be included simply because the law requires it. Rather, they should be included because they have valuable insights and information about the student and can contribute significantly to the process. Additionally, parent involvement in the process will increase the likelihood that the appropriate technology will be selected for the student and that he or she will use it effectively in school and at home.

WHAT IS THE RELATIONSHIP BETWEEN THE TEACHER(S) AND OTHER SERVICE PROVIDERS IN THE USE OF ASSISTIVE TECHNOLOGY DEVICES AND THE IMPLEMENTATION OF ASSISTIVE TECHNOLOGY SERVICES?

The student's teacher(s) and other service providers must work together as a team to ensure assistive technology devices and services fulfill their promise for the student. Questions of turf or of responsibility for particular tasks such as programming a device must be addressed before they become problems; otherwise, the student will be caught in the middle and will end up not using the technology. Teachers need to be supported in their full inclusion of technology-using students in their classrooms, and related services providers can provide this support. Teachers and related-services providers should view themselves as partners whose shared goal is the student's successful participation in the educational program.

ACTION STEPS FOR PARENTS & ADVOCATES:

HOW TO GET ASSISTIVE TECHNOLOGY ON THE RADAR SCREEN AT THE LOCAL LEVEL

Find out if your school district has a written policy or statement about including assistive technology in the IEP. If it does not, write one based on the five Critical Elements identified in this document. If a policy or statement does exist, compare it to the Critical Elements and work to get it revised if necessary.

Determine the process by which a new or revised written policy can be accepted at the school district level. Will it involve hearings before a subcommittee of the school board? Will it involve a vote of the local governing authority? Do not become discouraged by naysayers who say, "this will never get passed." Go around, above, and beside the person who seems to be blocking the path.

Sell the concept of a written policy statement on the principle of "Helping Students with Disabilities Reach Their Education Goals through Assistive Technology." This may involve making presentations and getting public discussions going. An example of one way to start could be the hosting of a panel forum on "The Importance of Assistive Technology to Children with Severe Disabilities"; the forum could be held in a school auditorium. The event could involve testimony from children who use AT, their parents, and others (e.g., education and AT experts, health professionals). The media, key school officials, and purveyors of AT devices could be invited to attend the session.

Obtain written endorsements for your policy statement and the principles it represents from various stakeholders, such as parent groups, and other key allies, including sympathetic special education and regular education staff; related services personnel; members of assistive technology service and evaluation centers; and other professionals who support the concept. Devise a list of these persons and systematically get their signatures on your document.

Obtain other significant endorsements of the statement from school board members, local elected officials, the staff of the special education department and its director, and others. Devise a strategy and timetable for collecting these endorsements, beginning with a group representative who is most supportive of AT for students.

Once a number of endorsements have been received, have the statement published in local newspapers as well as in newsletters issued by teacher unions, other groups involved in assistive technology service delivery (e.g., speech therapy practitioners' newsletters), or other entities who support the concept.

Once your school district has supported the policy statement, start the same process upward through the state education department. This process will involve key state-level committees within the education infrastructure, including union officials and elected teacher representatives, teacher councils, etc. It may take some research to uncover which professional education groups to target for their "buy-in" on the statement of principle.

Make sure you are prepared to answer the tough questions about "who's going to pay for these items?" Be familiar with what Medicaid covers in your state or what types of assistive technology other publicly funded programs are likely to approve. Know what the health insurance companies operating in your state will and won't typically cover for a range of assistive technology items and services. A quick and easy phone survey to 50 parents and therapists collecting anecdotal information of this type readily will generate a list of who pays for what in your state.

Collect stories of how much parents have paid out-of-pocket for an item or how long they were at war with an insurance company. Collect the nightmare stories about how difficult

it was to transport items across school district lines, or to get repairs made in a reasonable time. Your data collection on the difficulties of funding and maintenance can be used to support your position for local and state support of assistive technology.

Summarize your data in easy-to-read, one-page fact sheets, listing the devices that get paid, those that don't, how much they cost, how long it takes to get them, etc.

Remind your state education officials of the requirements in the federal law for AT in the IEP. Explain how your policy statement of principle is supporting the federal law.

Celebrate all victories! Celebrate when a newspaper editor endorses your principles; when a group of unionized teachers officially endorses and publishes the statement; and when your school board adopts it.

Thanks to Jennifer Simpson, President's Committee on Employment of People with Disabilities for her invaluable assistance in development of the Action Steps.

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RESOURCES

Several resources exist that address assistive technology needs of children and adults with disabilities. These national and state organizations can answer questions about assistive technology and your child.

NATIONAL ORGANIZATIONS

The Alliance for Technology Access (ATA)

2175 East Francisco Blvd., Suite L

San Rafael, CA 94901

Phone: (415) 455-4575, (415) 455-0491 (TTY)

Fax: (415) 455 0654

E-mail: atainfo@ataccess.org.

This organization, headquartered in San Rafael, CA, is a national network of technology resource centers and technology vendors: 41 community-based technology centers in 27 states and the Virgin Islands, and 60 technology designers and developers. ATA technology resource centers help children and adults with disabilities, parents, teachers, employers, and others to explore computer systems, adaptive devices and software.

Assistive Technology Funding and Systems Change Project

1660 L Street, NW, Suite 700

Washington, DC 20036

Phone: (202) 776-0406, (800) 833-8272 (TDD)

Fax: (202) 776-0414

E-mail: atproject@ucpa.org

This project provides families, individuals with disabilities and other interested persons with information and technical assistance on assistive technology funding issues. It is composed of a consortium of six national organizations and spearheaded by the United Cerebral Palsy Associations (UCPA) in Washington, D.C.

FEDERAL PROGRAMS

Resources for funding for assistive technology exist through the following federal programs:

Individuals with Disabilities Education Act (IDEA)

Assistive technology devices and services are defined in IDEA (see definition in article above) and can be considered special education, related services or supplementary aids and services. According to the IDEA Amendments of 1997, assistive technology devices and services must be considered for each student when developing an Individualized Education Plan.

School districts must pay for a child's assistive technology devices and services if it is determined by the IEP team that s/he needs them to benefit from the educational program. Many children throughout the country are able to benefit from the use of assistive technology because school personnel and parents worked together to make technology a reality in the child's life.

Vocational Rehabilitation (VR)

The Rehabilitation Act provides for assistive technology (called rehabilitation technology) for individuals with disabilities who are receiving employment-related services through the VR program. Each state has designated an agency to operate the program. If you do not

know yours, contact your Governor's office, look in the phone directory under state government agencies, or, if all else fails, contact the US Department of Education's Office of Special Education and Rehabilitative Services in Washington DC at 202- 205-5465.

If you are having difficulty in dealing with the vocational rehabilitation system, each state operates a client assistance program (CAP) which works to resolve disputes between the VR agency and those receiving services. VR personnel should provide you with a reference to the CAP if requested, or the agency's central office should do so. If you are unable to obtain the information, contact your state Protection and Advocacy agency.

Medicaid

Funding may be available for assistive technology for children and adults who are eligible to receive Medicaid. Medicaid also operates through designated state agencies. The eligibility determination must again be separated from the determination of exactly what medical services an individual will be provided. To locate your local Medicaid agency, contact the state Department of Health or the Department of Social Services. You also may ask your Governor's office or your state legislator for the name of the Medicaid program.

State Tech Act Programs

The RESNA Technical Assistance Project can provide contact information for the project in your state that operates a program under the Technology-Related Assistance for Individuals with Disabilities Act which should be able to assist you with problems related to assistive technology. They may be reached at phone: (703) 524-6686, (703) 524-6639 (TDD), fax: (703) 524-6630, e-mail: resnata@resna.org.

State Protection and Advocacy Agencies

Each state has a Protection and Advocacy Program for persons with disabilities whose purpose is to provide legal services. In addition, each state Protection and Advocacy system has special funding to address issues related to assistive technology. If you believe you have a legal problem, you may contact their state offices.

If you cannot locate the Protection and Advocacy program in your state, call the National Association of Protection and Advocacy Systems (NAPAS) at phone: (202) 408-9514, (202) 408-9521(TDD), fax: (202) 408-9520, e-mail: napas@earthlink.net.

Parent Information and Training Centers

If you have difficulty with obtaining assistive technology (or any appropriate special education services) through the school, other parent assistance and advocacy resources exist. To find the number for the Parent Training and Information Centers in your state, contact: The Technical Assistance Alliance for Parent Centers, phone: (612) 827-2966, (612) 827-7770 (TDD), fax: (612) 827-3065, e-mail: pacer@pacer.org.

[1] Assistive technology services are defined as:
the evaluation of the needs of such child, including a functional evaluation of the child in the child's customary environment;

purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by such child;

selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;

coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

training or technical assistance for such child, or, where appropriate, the family of such child; and

(F) training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of such child.

[2] (B) Consideration of Special Factors—The IEP Team shall...

(v) consider whether the child requires assistive devices and services.

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The opinions expressed herein do not necessarily reflect the position or policy of the U.S. Department of Education, and no official endorsement by the U.S. Department of Education of the opinions expressed herein should be inferred.

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